

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, PO Box 1450, Alexandria, VA , 22313-1450 on 10 January 2007

Jeannie Camara

(Typed or Printed Name of Person Mailing Paper or Fee)

Jeannie Camara

(Signature of Person Mailing Paper or Fee)



PATENT APPLICATION
Attorney Docket No. SUN-P5343

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE PATENT APPLICATION OF)
Radia J. Perlman) Examiner: Callahan, Paul E.
Serial No. 09/691,278) Group Art Unit: 2137
Filing Date: 17 October 2000)
Title: METHOD AND APPARATUS FOR PROVIDING)
A KEY DISTRIBUTION CENTER WITHOUT)
STORING LONG-TERM SERVER SECRETS)

AMENDMENT TRANSMITTAL LETTER

Mail Stop: Amendment
Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- ☒ Response under 37 C.F.R. § 1.111 to official action mailed 10 October 2006.
- ☐ A petition for extension of time is also enclosed with a fee of \$55.00 for a one-month extension for a small entity.
- ☐ Terminal disclaimer under 37 C.F. R. § 1.321(c), including
 - ☐ check for \$110.00 fee under 37 C.F.R. § 1.20(d), and
 - ☐ 2 certificates under 37 C.F.R. § 3.73(b).
- ☐ Information disclosure statement, form 1449 and ___ references.
- ☒ No additional claims fees are required.


[] An additional fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS = 20	0	x \$18 =	
Independent Claims		MINUS = 3	0	x \$78 =	
If Amendment adds multiple dependent claims, add \$260.00					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0.00

- [] A check in the amount of \$___ is enclosed.
[] Charge \$___ to Deposit Account No. ___ (Docket No. ___).
[x] Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. SUN-P5343).

Shun Yao
Park, Vaughan & Fleming LLP
2820 Fifth Street
Davis, CA 95618
Tel: (530) 759-1667
FAX: (530) 759-1665
Email: shun@parklegal.com

Respectfully submitted,

By 
Shun Yao
Registration No. 59,242

Date: 10 January 2007



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Application Number : 09/691,278
Applicant : Radia J. Perlman
Filed : 17 October 2000
TC/A.U. : 2137
Examiner : Callahan, Paul E.

Confirmation Number: 4965

Docket Number : SUN-P5343-RSH
Customer No. : 57,960

M/S: Box Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

AMENDMENT

Sir

In response to the Office Action mailed on **10 October, 2006**, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 14 of this paper.